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CONFIRMATION NO. 6688

SERIAL NUMBER 09/496,783	FILING DATE 02/03/2000  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. ZANS.10001NP
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APPLICANTS

Albert G. Lintel III, Atlanta, GA;  
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 Joseph L. Helmick, Atlanta, GA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/119,041 02/05/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/14/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Healthcare information network

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )



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<b>SERIAL NUMBER</b> 09/496,783	<b>FILING DATE</b> 02/03/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768 <i>2155 MSK</i> <i>3526</i>	<b>ATTORNEY DOCKET NO.</b> ZANS.10001NP
<b>APPLICANTS</b> Albert G. Lintel III, Atlanta, GA ; Joseph A. Vescio, Alpharetta, GA ; Joseph L. Helmick, Atlanta, GA ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/119,041 02/05/1999 <i>MSK</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>MSK</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 04/14/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MSK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> <i>1 MSK</i>
<b>ADDRESS</b> Alan W Lintel 12160 Abrams Rd Suite 111 Dallas ,TX 75243-4523				
<b>TITLE</b> Healthcare information network				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	